



GEORGIA BOARD OF NURSING

237 Coliseum Drive • Macon, Georgia 31217 • (844) 753-7825

www.sos.ga.gov/plb/nursing

NAME/ADDRESS CHANGE REQUEST FORM

Board Rule 410-1-.03 requires licensees to notify the Board in writing within thirty (30) days of any name or address changes. Changes may be made upon receipt of a written request accompanied by a copy of the marriage certificate, court order or other legal document.

To update your name, please submit this form by email to nursing@sos.ga.gov; by fax to 877-371-5712; or by mail to 237 Coliseum Drive, Macon, Georgia 31217. Please be sure to include your name, license number, social security number, your new name and a copy of the legal documentation (marriage certificate, divorce decree, court ordered name change) granting your name change.

Legal Name:

Last

First

Middle

License Address

Street

City

State

Zip Code

Phone:

Email Address:

Social Security Number:

License Number: